

APPLICATION FOR BIRTH CERTIFICATE
Mail to: City of Hartford – Bureau of Vital Records
550 Main Street, Hartford, CT 06103

A COMPLETE COPY OF THE BIRTH CERTIFICATE OR WALLET CERTIFICATION IS \$5.00
MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF HARTFORD

I am applying for the birth certificate of: _____

Name at Birth: _____

Date of Birth: _____

Place of Birth: _____

(Town)

(Hospital or Street and Number)

Please state the size of birth certificate requested:

Long Form \$5.00 _____ Plastic Cover \$2.00 _____
Wallet Certification \$5.00 _____ Plastic Covers \$.50 _____

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THE REQUEST:

Relationship to person named in this request: Myself _____ My child _____ Grandparent _____

- **Grandparents must provide birth records of son/daughter to verify their relationship to the individual whose record is requested.**
- **Guardians must provide original certified documents of legal custody when requesting birth records of children under their supervision.**

Photographic identification (drivers license, etc.)

If unavailable then include originals or photo copies of any two of the following:

- | | |
|---------------------------|--|
| • Social Security Card | • Written verification of ID from employer |
| • Auto registration | • Copy of utility bill showing name and address |
| • Voter Registration Card | • Checking account deposit slip stating name and address |

Please note: All of the above requirements are mandated by State Statutes.

INFORMATION ON ABOVE PERSON'S FAMILY

Father's Full Name: _____

Mother's Full Maiden Name: _____

Father's Birth Place: _____ Mother's Birth Place: _____

INFORMATION OF PERSON MAKING THIS APPLICATION

Your Name: _____

Written Signature: _____

Address: _____

City, State, Zip Code: _____

**I DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE ABOVE
STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.**